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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 349	
County	Apache	County Registered No.	2
District	Saint Johns	Local Registrar's No.	1
Town			
Or City			
ORIGINAL CERTIFICATE OF DEATH			
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Lynnan William Overson</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>M.</u>	Color or Race White <u>Indian</u> Black Chinese Mexican	DATE OF DEATH <u>Feb 2</u> 191 <u>6</u> (Month) (Day) (Year)	
SINGLE MARRIED WIDOWED or DIVORCED		I hereby certify, that I attended deceased from <u>1-16</u> 191 <u>6</u> to <u>2-1</u> 191 <u>6</u> ; that I last saw him alive on <u>2-1</u> 191 <u>6</u> and that death occurred on the date stated above at <u>2 A</u> M. The DISEASE or INJURY causing Death was as follows: <u>Diabetes Mellitus</u>	
DATE OF BIRTH <u>Nov. 16</u> 190 <u>4</u> (Month) (Day) (Year)		(Duration) yrs. mos. <u>30</u> days	
AGE <u>11</u> yrs. <u>2</u> mos. <u>15</u> days hrs. or min.		Was disease contracted in Arizona? <u>yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>School</u> (b) General nature of industry, business, or establishment in which employed or (employer)		If not, where? _____	
BIRTHPLACE (State or country) <u>Saint Johns</u>		CONTRIBUTORY _____ (Duration) yrs. mos. days	
PARENTS	NAME OF FATHER <u>David T. Overson</u>	(Signed) <u>J. D. Bouldin M.D.</u> <u>Feb 4</u> 191 <u>6</u> (Address) <u>St. Johns</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Utah</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	MAIDEN NAME OF MOTHER <u>Anna Jarvis</u>	LENGTH OF RESIDENCE At place of death <u>11</u> yrs. <u>2</u> mos. <u>15</u> ds. In Arizona <u>11</u> yrs. <u>2</u> mos. <u>15</u> ds.	
BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>		Former or Usual Residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>David T. Overson</u>		Filed <u>Feb 7</u> 191 <u>6</u> <u>Martin Jensen</u> Local Registrar	
(Address) <u>Saint Johns, Ariz.</u>		Filed <u>3/20</u> 191 <u>6</u> <u>J. D. Bouldin</u> County Registrar	
PLACE OF BURIAL OR REMOVAL <u>Saint Johns</u>	DATE OF BURIAL OR REMOVAL <u>Feb 2</u> 191 <u>6</u>		
UNDERTAKER <u>M. Overton</u>	ADDRESS <u>Saint Johns, Ariz.</u>		